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PTO/SB/01 (6-95)

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Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket  
Number

M 6817 MANCO

First Named  
Inventor

Sobonya, et al

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## COMPOSITE SHEET MATERIAL

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application  
Number(s)

Country

Foreign Filing Date  
(MM/DD/YYYY)

Priority  
Not Claimed

Certified Copy Attached?  
YES NO

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date (MM/DD/YYYY)

Additional provisional

application numbers

are listed on a

supplemental priority

sheet attached hereto.

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M 2468 hst

## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	00423
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,061	Daniel S. Ortiz	25,123
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Kimberly R. Hild	39,224		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☒ Fill in correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	William	Middle Initial	A.	Family Name	Sobonya	Suffix e.g. Jr.	
Inventor's Signature					Date		
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City	Valley View	State	OH	Zip	44125	Country	USA
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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<b>DECLARATION</b>										<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>						
<b>Name of Additional Joint Inventor, if any:</b>							<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Elizabeth			Middle Initial	A.		Family Name	Flores			Suffix e.g. Jr.					
Inventor's Signature									Date							
Residence: City		Sheffield Lake			State	OH		Country	USA			Citizenship	USA			
Post Office Address		420 Buckeye Drive														
Post Office Address																
City	Sheffield Lake			State	OH		Zip	44054		Country	USA			Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>							<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature									Date							
Residence: City					State			Country	USA			Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>							<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature									Date							
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>							<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature									Date							
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<b>Name of Additional Joint Inventor, if any:</b>							<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.					
Inventor's Signature									Date							
Residence: City					State			Country				Citizenship				
Post Office Address																
Post Office Address																
City				State			Zip			Country				Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																